# **EXHIBIT 1A**

## JPMorgan Chase Bank, N.A.

Custodian

## TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY

(Middle Initial)

Use this form to request a withdrawel from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Systematic Change Request.

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Street Address		42,000	City		State	Zip Code	"
2604 W. Jarvis			Chicago		IL	60645	
Social Security Number	Date of I	<b>3</b> 00000	Date of Death		cy Status		
	- 10	1938	08/24/2007	w us	itizen □R	tesident Alien □1	Non-Resident Alien
Plan Type		□Tradi	tional Rollover IRA	(Conduit)	□SEP	□SARSEP	***************************************
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Name of Executor Tru	stee, Charity Representativ	idi — CSI	ate □Trust □Ch	anty wot	ner		
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Distribution: 1 Copy - Retirement Services FL2-3319

1 Copy - Participant

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N15199 (07/07)

1.

Participant Information

Participant Name (First)

Non-spouse Individual Beneficiary(ies) or Spouse Who Is Not the Sole Beneficiary	The participant died before their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):  © Over my single life expectancy  Over years (not to exceed my single life expectancy)  The participant died on or after their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):  Over my single life expectancy  Over years (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent)
Beneficiary is Estate, Trust, or Charity (additional documentation is required)	□ The participant died before their Required Beginning Date* and I elect to receive distributions over years (not to exceed five years which ends on December 31 of the calendar year which contains the fifth anniversary of the participant's death). □ The participant died on or after their Required Beginning Date* and I elect to receive distributions over years (not to exceed the remaining single life expectancy of the deceased participant). □ I elect to receive periodic distributions according to the rules applicable to a Trust with one or more designated beneficiaries.

Rose Ann Chasman

#### IV. Withholding Election

Distributions from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP or SARSEP are subject to Federal and, in some cases, State income tax withholding. Unless you elect otherwise below, 10% of your distribution amount must be withheld in prepayment of Federal income taxes. This election will remain in effect until revoked in writing, by you. If applicable, State income tax must be withheld according to requirements for your state of residence. Several states require withholding from your distribution if you are subject to Federal income tax withholding (DE, IA, KS, ME, MA, NC, OK, OR, VT) and may require that a separate election form be completed. Consult your tax advisor for additional information regarding State income tax withholding.

## Please note the following if you are requesting payment to be sent outside the United States:

- If you are a U.S. Citizen living abroad, you are not able to opt out of Federal income tax withholding and a rate of 10% will be withheld unless a greater amount is indicated.
- If you are a non-resident alien and opting out of withholding, a completed Form W-8BEN must accompany this
  form in order to comply with the tax treaty for your country of permanent residence.

Caution: There are penalties for not paying enough federal income taxes during the year, either through withholding from distributions or by making estimated tax payments. For more information regarding estimated federal income tax requirements and penalties, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or on line at <a href="https://www.irs.ustreas.gov">www.irs.ustreas.gov</a>.

Regarding Federal income tax withholding, I elect to have (check one):  No Federal income tax withheld from my distributions.  """  withheld (must be 10% or greater)
withheld (amount must be 10% or more of the distribution amount)
Regarding State income tax withholding, I understand the withholding requirements for my state of residence and hereby elect to have (check one):
□ No State income tax withheld from my distributions or I certify that I am not subject to State tax withholding. □% withheld
S(amount) withheld
□% of federal withholding amount withheld
I further understand that certain states require withholding of either 1) a specific <b>minimum</b> percent of my distribution or federal withholding amount, or 2) an amount in whole dollars only. By signing below, I authorize the Custodian to adjust the withholding amount or percent requested above to meet those requirements, if applicable.

N15199 (07/07)

Distribution: 1 Copy - Retirement Services FL2-3319

Page 2 of 3

Required Beginning Date is April 1 of the calendar year following the year the participant attained or would have attained age 70%.

### Traditional IRA Election of Payment by Beneficiary

(Continued)

#### V. Payment Instructions

۹.	Instructions Regarding Non-FDIC Investments
	Complete this section only if non-FDIC investments must be used to fund this withdrawal.)

If the plan holds brokerage assets, I hereby direct that the asset(s) listed below be liquidated and distributed.

if the plan holds brokerage assets, I hereby direct that my share of the asset(s) listed below be journaled from the Decedent's IRA to my Beneficiary IRA.

Brokerage Account Number	Position Description or CUSIP #	# of Shares	All Shares
		199-4	
		1000	
	#1 CHOO 2000		

Attach additional sheet if necessary.

Instructions Regarding Retirement CDs and Mone  1. Payments are to be made: □Monthly □Quarterly  2. Pagin payments are 101/04/2049	y ⊡Semiannually ⊠Annually
<ol> <li>Begin payments on 01/01/2049</li> <li>Payments are to be (check one and complete requ</li> </ol>	uested information):
□Deposited to my Chase □ checking or □ saving	gs account #
Paid by check to me at the address listed abov	re ·
□ Deposited to my □ checking or □ savings acco-	unt#at
□ Deposited to my □ checking or □ savings acco-	eunt #at Institution's Routing Transit Number

#### VI. Beneficiary Acknowledgement

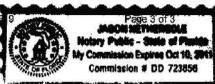
The Custodian is authorized and directed to distribute from my share of the deceased's IRA in the manner requested above. I have received, read and agree to the terms that govern my share as contained in the IRA Custodial Agreement and Disclosure Statement and Account Rules and Regulations. I acknowledge that there may be fees associated with the liquidation of certain investments including early withdrawal penalties. I understand that I am responsible for ensuring that there are sufficient funds for these distributions. I understand that these distributions can have important tax consequences and that these distributions, and any tax withholding if applicable, will be reported to the IRS on Form 1099-R. I understand that I should consult a legal, accounting or tax advisor for questions. I assume full responsibility for the consequences of this election and the resulting distributions. I certify that no tax or legal advice has been given to me by the Custodian. All decisions regarding this election are my own and I hold the Custodian harmless of any resulting liabilities.

regarding this election are my own	2. 7	of any resulting liabilities  Notary (required if not completed in branch
× hlu	8/11/2009	State of Florida
Signature of Beneficiary/Guardian	Date	County of Broward
X	ote 8/11/09 dian) Date	Subscribed and swom to me 8/1/27  Notary Signature

enk No. F17 - 171:	Mail Code	Cost Center No.	Date 08/11/09
mployee Name	tto existe	Employee No. Tel	ephone No.

N15199 (12/2006)

Distribution: 1 Copy - Retirement Services FL2-3; 1 Copy - Participant



61:51 11-80-600

Rose Ann Chasman

David Chasman 535 W. 110<sup>th</sup> #3A New York, NY 10025 +1 917 238 7500 david.chasman@gmail.com August 11, 2009

JP Morgan Chase Bank N.A.

Subject: Addendum to form N15199 for Rose Ann Chasman IRA.

Dear Madam or Sir:

Thank You

David Chasman